

**Georgia Board of Dispensing Opticians**

**CERTIFICATION OF OBTAINING REQUIRED  
CONTINUING EDUCATION HOURS  
FOR LICENSURE RENEWAL 2011-2013**

*You may renew on-line, or, by mail-in renewal coupon (call 478-207-2440 for a form to be mailed to you).*

PLEASE SIGN THIS CERTIFICATE VERIFYING YOUR HAVING OBTAINED THE REQUIRED TEN (10) HOURS OF CONTINUING EDUCATION HOURS, BETWEEN APRIL 1, 2009 AND MARCH 31, 2011, and either mail TO THE FOLLOWING ADDRESS:

**GEORGIA BOARD OF DISPENSING OPTICIANS  
237 COLISEUM DRIVE  
MACON, GA 31217-3858**

**\*OR\***

**YOU MAY ALSO FAX THE CERTIFICATE TO:  
866-888-7127 \* ATTENTION: DISPENSING OPTICIAN BOARD**

**\*OR\***

**SUBMIT VIA E-MAIL ATTACHMENT TO: [opticians@sos.ga.gov](mailto:opticians@sos.ga.gov)**

**CONTINUING EDUCATION:** See Board Rule 420-9-.01 and 420-9-.02 regarding CE requirements on the Board website at [www.sos.state.ga.us/plb/opticians](http://www.sos.state.ga.us/plb/opticians). To renew your license, you must provide certification that you have completed the required ten (10) hours of CE as stated in Board Rule 420-9-.01 or the applicable CE hours for new licensees as found in 420-9-.02. This form provides this certification, if properly completed and submitted to the Board's administrative staff.

**RENEWAL PERIOD 2011-2013**

**Dispensing Optician License #** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

**Insert Full Name (PRINTED):** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Insert PHYSICAL Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Insert MAILING ADDRESS (if different than physical address):** \_\_\_\_\_

*By my signature below, I am certifying that I have obtained the required ten (10) CE Hours for the renewal of my license to practice as a Dispensing Optician in the state of Georgia. In addition, I certify these hours were obtained during the two years following the March 31, 2009 renewal date and the current expiration date of March 31, 2011.*

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**THIS IS NOT A RENEWAL APPLICATION - DO NOT SEND RENEWAL FEE WITH THIS FORM.**

**FORM MUST BE SIGNED AND DATED BY LICENSEE OR WILL NOT BE ACCEPTED.**

**YOU ARE NOT TO PRACTICE AS A DISPENSING OPTICIAN AFTER MARCH 31, 2011 WITHOUT AN ACTIVE LICENSE.**